

**CITY OF MILWAUKEE ELECTION COMMISSION
VOTER REGISTRATION APPLICATION**

VOTING QUALIFICATIONS	<p><input type="radio"/> By marking this circle, I certify that I am a qualified elector: I am a United States citizen I will be at least 18 years old on the day of or before the next election I am not currently serving a sentence, including probation, parole, or extended supervision, for a felony conviction I will have lived at my address for at least 28 <u>consecutive</u> days before the next election with no present intent to move I am not otherwise disqualified from voting</p> <p>If you do not meet <u>each</u> of these qualifications, you are <u>not</u> qualified to register. Do not complete this form.</p>
	<p>I am registering to vote because (select one): <input type="radio"/> New WI Voter <input type="radio"/> Address Change <input type="radio"/> Name Change</p> <p> NEW WI VOTERS: If you are submitting your completed form by MAIL, you must include a photocopy of a proof of residence document. Visit our web site or call for information on acceptable documents. If you do not provide this document, you will be asked for proof of residence the first time you vote.</p>
IDENTIFICATION	<p>If you have ever been issued a WI Driver License (WDL), you <u>MUST</u> provide your WDL number below even if your address has changed. If your license is revoked, suspended or expired, you must provide your WDL number <u>AND</u> the last four digits of your Social Security Number (SSN). If you have never been issued a WI ID, you must provide the last four digits of your Social Security Number (SSN)</p> <p>Date of Birth (Month/Date/Year): ____ / ____ / ____</p> <p>WDL OR ID #: _____ - _____ - _____ - _____ Expiration Date: ____ / ____ / ____</p> <p>SSN: X X X - X X - _____</p> <p><input type="radio"/> Check this circle if you have never been issued a WI Driver License, WI ID or a Social Security Number.</p>
CURRENT	<p>PRINT your NAME exactly as it appears on your identification - WI DL/ID or SSN (as recorded above):</p> <p>Last Name: _____ Circle: Jr., Sr., II, III, IV _____</p> <p>First name: _____ Middle Name/Initial: _____</p> <p>Address: _____ Apartment/Unit Number: _____</p> <p>City of Milwaukee, WI Zip Code: _____</p> <p>Phone Number: () _____</p>
MAILING	<p>A postcard verifying your residency will be mailed to the address above unless you maintain and provide a separate mailing address.</p> <p>Mailing Address (if different): _____</p> <p>Apt./Unit Number: _____ City: _____ State: _____ Zip Code: _____</p>
PREVIOUS	<p><u>PREVIOUS NAME AND/OR ADDRESS IS REQUIRED:</u></p> <p>Last Name: _____ First: _____ Middle Name/Initial: _____</p> <p>Address: _____ Apt./Unit Number: _____</p> <p>City: _____ State: _____ Zip Code: _____</p>
	<p>_____ VOTER SIGNATURE HERE Date (Month/Date/Year) Falsification of information in this form is punishable under WI law as a Class I felony. <input type="radio"/> I would like information on serving as a City of Milwaukee election worker.</p>
	<p>IF APPLICABLE, TO BE COMPLETED BY SPECIAL REGISTRATION DEPUTY (SRD): SRD Print Name: _____ Signature: _____ ID Number: _____</p>
	<p>OFFICE USE ONLY District: ____ Ward: ____ NV ____ AC ____ NC ____ DUP ____ CONF VTR ID# _____ - _____ SVRS ID# _____ Init / Date _____</p>

Return this completed form to:

**City of Milwaukee Election Commission
200 E. Wells St., Room 501, Milwaukee, WI 53202
414-286-3491**

For information on where to vote, go to www.milwaukee.gov/election

Last Revised 2/2014